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PHONE: (816) 292-8301
RE: Application No. 10/823,907
Filed: April 14, 2004
Inventor: Michael K. JOHNSON

DATE:
FILE NO.: 5009463-12

Total number of pages including this page: 6
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Transmittal

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Statement Under 37 CFR 3.73b

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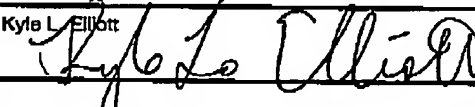
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| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/823,907 | |
| | Filing Date | 4-14-2004 | |
| | First Named Inventor | Michael K. JOHNSON | |
| | Art Unit | 3873 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 5009463-12 |

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| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Due to the change of POA, it is requested that the Attorney Docket Number be changed to 5009463-12 | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Kyle L. Elliott | |
| Signature |  | |
| Date | August 31, 2004 | |

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| | |
|------------------------|--------------------------|
| Application Number | 10/823,907 |
| Filing Date | 4-14-2004 |
| First Named Inventor | Michael K. JOHNSON |
| Title | LOW PROFILE HOSPITAL BED |
| Art Unit | 3673 |
| Examiner Name | |
| Attorney Docket Number | 5009463-12 |

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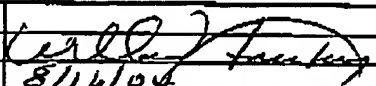
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| <input type="checkbox"/> Firm or Individual Name | Spencer Fane Britt & Browne | | |
| Address | 1000 Walnut, Suite 1400 | | |
| Address | | | |
| City | Kansas City | State | MO |
| Country | USA | Zip | 64108 |
| Telephone | 816-474-8100 | Fax | 816-474-3216 |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|---|-----------|--------------|
| Name | | | |
| Signature |  | | |
| Date | 8/16/04 | Telephone | 800-537-6454 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Michael Karl JOHNSONApplication No./Patent No.: 10/823,907 Filed/Issue Date: Filed April 14, 2004Entitled: LOW PROFILE HOSPITAL BEDRave's, Inc. a a Kansas corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
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A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

8/16/04
Date

800-537-6515
Telephone number

William Erickson
Typed or printed name
William Erickson
Signature

CEO
Title

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